In re	Joseph J. Hesketh, III Beverly J. Hesketh	According to the information required to be entered on this statement
	Debtor(s)	(check one box as directed in Part I, III, or VI of this statement):
Case Number: (If known)		☐ The presumption arises.
		■ The presumption does not arise.
		☐ The presumption is temporarily inapplicable.

CHAPTER 7 STATEMENT OF CURRENT MONTHLY INCOME AND MEANS-TEST CALCULATION

In addition to Schedules I and J, this statement must be completed by every individual chapter 7 debtor. If none of the exclusions in Part I applies, joint debtors may complete one statement only. If any of the exclusions in Part I applies, joint debtors should complete separate statements if they believe this is required by § 707(b)(2)(C).

	Part I. MILITARY AND NON-CONSUMER DEBTORS				
1A	Disabled Veterans. If you are a disabled veteran described in the Declaration in this Part IA, (1) check the box at the beginning of the Declaration, (2) check the box for "The presumption does not arise" at the top of this statement, and (3) complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
171	□ Declaration of Disabled Veteran. By checking this box, I declare under penalty of perjury that I am a disabled veteran (as defined in 38 U.S.C. § 3741(1)) whose indebtedness occurred primarily during a period in which I was on active duty (as defined in 10 U.S.C. § 101(d)(1)) or while I was performing a homeland defense activity (as defined in 32 U.S.C. §901(1)).				
1B	Non-consumer Debtors. If your debts are not primarily consumer debts, check the box below and complete the verification in Part VIII. Do not complete any of the remaining parts of this statement.				
	☐ Declaration of non-consumer debts. By checking this box, I declare that my debts are not primarily consumer debts.				
	Reservists and National Guard Members; active duty or homeland defense activity. Members of a reserve component of the Armed Forces and members of the National Guard who were called to active duty (as defined in 10 U.S.C. § 101(d)(1)) after September 11, 2001, for a period of at least 90 days, or who have performed homeland defense activity (as defined in 32 U.S.C. § 901(1)) for a period of at least 90 days, are excluded from all forms of means testing during the time of active duty or homeland defense activity and for 540 days thereafter (the "exclusion period"). If you qualify for this temporary exclusion, (1) check the appropriate boxes and complete any required information in the Declaration of Reservists and National Guard Members below, (2) check the box for "The presumption is temporarily inapplicable" at the top of this statement, and (3) complete the verification in Part VIII. During your exclusion period you are not required to complete the balance of this form, but you must complete the form no later than 14 days after the date on which your exclusion period ends, unless the time for filing a motion raising the means test presumption expires in your case before your exclusion period ends.				
1C	Declaration of Reservists and National Guard Members. By checking this box and making the appropriate entries below, I declare that I am eligible for a temporary exclusion from means testing because, as a member of a reserve component of the Armed Forces or the National Guard				
	a. □ I was called to active duty after September 11, 2001, for a period of at least 90 days and □ I remain on active duty /or/ □ I was released from active duty on, which is less than 540 days before this bankruptcy case was filed;				
	OR				
	 b. ☐ I am performing homeland defense activity for a period of at least 90 days /or/ ☐ I performed homeland defense activity for a period of at least 90 days, terminating on, which is less than 540 days before this bankruptcy case was filed. 				

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Best Case Bankruptcy

Unemployment compensation. Enter the amount in the appropriate column(s) of Line 9. However, if you contend that unemployment compensation received by you or your spouse was a benefit under the Social Security Act, do not list the amount of such compensation in Column A or B, but instead state the amount in the space below: Unemployment compensation claimed to be a benefit under the Social Security Act Debtor \$ 0.00			Part II. CALCULATION OF M	ON	THLY INCO	ME FOR § 70	7(b)(7	') E	XCLUSION		
Married, not filing jointly, with declaration of separate households. By checking this box, debtor declares under penulty of perjupy: Ny spouse and I are living and an I are living and a fract living and a fract living and a fract living and a fractive in the purpose of evaling the requirements of \$707(b)(2)(A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") for Lines 3-11.		Mari	ital/filing status. Check the box that applies a	nd c	omplete the balanc	e of this part of th	is state	men	it as directed.		
"My spouse and I are legally separated under applicable non-hankruptcy law or my spouse and I are living apart other than for the propose of evading the requirements of \$707(b)(2/A) of the Bankruptcy Code." Complete only column A ("Debtor's Income") and Column B ("Spouse's Income") for Lines 3-11. d. ■ Married, Inling jointly, without the declaration of separate households set out in Line 2.b above. Complete both Column A ("Debtor's Income") and Column B ("Spouse's Income") and Column B ("Spouse's Income") and Column B ("Spouse's Income") for Lines 3-11. All figures must reflect average monthly income received from all sources, derived during the six calculated months prior to filing the bankruptcy case, ending on the last day of the month before the filing. If the amount of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate column of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate column of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate column of monthly income varied during the six months, you must divide the six-month total by six, and enter the result on the appropriate column of the suppropriate column of		a. L	Unmarried. Complete only Column A ("Do	ebto	r's Income'') for I	Lines 3-11.					
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Debtor Spouse	10			ıum	anity, or as a victim	of international of	or				
a.		donic	estic terrorism.		Debtor	Spouse	i				
Total and enter on Line 10 \$ 0.00 \$ 0.00		a		\$	Debioi	•					
Total and enter on Line 10 \$ 0.00 \$ 0.00 Subtotal of Current Monthly Income for \$ 707(b)(7). Add Lines 3 thru 10 in Column A, and, if											
Subtotal of Current Monthly Income for § 707(b)(7). Add Lines 3 thru 10 in Column A, and, if			and enter on Line 10			1		\$	0.00	\$	0.00
	11	Subt	otal of Current Monthly Income for 8 707())(7)	• Add Lines 3 thm	10 in Column A	and. if		· ·		
	11						, 11	\$	3,700.24	\$	18.00

12	Total Current Monthly Income for § 707(b)(7). If Column B has been completed, add Line 11, Column A to Line 11, Column B, and enter the total. If Column B has not been completed, enter the amount from Line 11, Column A.		3,718.24			
	Part III. APPLICATION OF § 707(b)(7) EXCLUSION					
13	Annualized Current Monthly Income for § 707(b)(7). Multiply the amount from Line 12 by the number 12 and enter the result.	\$	44,618.88			
14	Applicable median family income. Enter the median family income for the applicable state and household size. (This information is available by family size at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.)					
	a. Enter debtor's state of residence: WA b. Enter debtor's household size: 4	\$	82,602.00			
	Application of Section 707(b)(7). Check the applicable box and proceed as directed.	•				
15	■ The amount on Line 13 is less than or equal to the amount on Line 14. Check the box for "The presumption does not arise" at the					
	top of page 1 of this statement, and complete Part VIII; do not complete Parts IV, V, VI or VII. The amount on Line 13 is more than the amount on Line 14. Complete the remaining parts of this statement.					

Complete Parts IV, V, VI, and VII of this statement only if required. (See Line 15.)

Part IV. CALCULATION OF CURRENT MONTHLY INCOME FOR § 707(b)(2)						
16	16 Enter the amount from Line 12.					\$
Marital adjustment. If you checked the box at Line 2.c, enter on Line 17 the total of any income listed in Line 11. Column B that was NOT paid on a regular basis for the household expenses of the debtor or the debtor's dependents. Specify in the lines below the basis for excluding the Column B income (such as payment of the spouse's tax liability or the spouse's support of persons other than the debtor or the debtor's dependents) and the amount of income devoted to each purpose. If necessary, list additional adjustments on a separate page. If you did not check box at Line 2.c, enter zero. S						\$
18	Current monthly income for § 707	7(b)(2). Subtract Lin	e 17 fro	m Line 16 and enter the resu	ılt.	\$
	Part V. C.	ALCULATION	OF D	EDUCTIONS FROM	INCOME	
	Subpart A: Dec	luctions under Sta	ndard	s of the Internal Revenu	e Service (IRS)	
19A	National Standards: food, clothing Standards for Food, Clothing and C at www.usdoj.gov/ust/ or from the c that would currently be allowed as additional dependents whom you su	other Items for the appelerk of the bankrupto exemptions on your f	plicable cy court	number of persons. (This in) The applicable number of	formation is available persons is the number	\$
National Standards: health care. Enter in Line a1 below the amount from IRS National Standards for Out-of-Pocket Health Care for persons under 65 years of age, and in Line a2 the IRS National Standards for Out-of-Pocket Health Care for persons 65 years of age or older. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) Enter in Line b1 the applicable number of persons who are under 65 years of age, and enter in Line b2 the applicable number of persons who are 65 years of age or older. (The applicable number of persons in each age category is the number in that category that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.) Multiply Line a1 by Line b1 to obtain a total amount for persons under 65, and enter the result in Line c1. Multiply Line a2 by Line b2 to obtain a total amount for persons 65 and older, and enter the result in Line c2. Add Lines c1 and c2 to obtain a total health care amount, and enter the result in Line 19B. Persons under 65 years of age Persons 65 years of age or older a1. Allowance per person Allowance per person						
	b1. Number of persons		b2.	Number of persons		¢.
Local Standards: housing and utilities; non-mortgage expenses. Enter the amount of the IRS Housing and Utilities Standards; non-mortgage expenses for the applicable county and family size. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court). The applicable family size consists of the number that would currently be allowed as exemptions on your federal income tax return, plus the number of any additional dependents whom you support.				\$		

20B	Local Standards: housing and utilities; mortgage/rent expense. En Housing and Utilities Standards; mortgage/rent expense for your coun available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of the number that would currently be allowed as exemptions on your fed any additional dependents whom you support); enter on Line b the tot debts secured by your home, as stated in Line 42; subtract Line b from not enter an amount less than zero.				
	a. IRS Housing and Utilities Standards; mortgage/rental expenseb. Average Monthly Payment for any debts secured by your	\$			
	home, if any, as stated in Line 42	\$			
	c. Net mortgage/rental expense	Subtract Line b from Line a.	\$		
21	Local Standards: housing and utilities; adjustment. If you contend 20B does not accurately compute the allowance to which you are entit Standards, enter any additional amount to which you contend you are contention in the space below:	tled under the IRS Housing and Utilities	\$		
	Local Standards: transportation; vehicle operation/public transportation	rtation evnence	•		
	You are entitled to an expense allowance in this category regardless of vehicle and regardless of whether you use public transportation.	f whether you pay the expenses of operating a			
22A	Check the number of vehicles for which you pay the operating expens included as a contribution to your household expenses in Line 8.	es or for which the operating expenses are			
	□ 0 □ 1 □ 2 or more.	. C. IDGI IG. I			
	If you checked 0, enter on Line 22A the "Public Transportation" amou Transportation. If you checked 1 or 2 or more, enter on Line 22A the				
	Standards: Transportation for the applicable number of vehicles in the applicable Metropolitan Statistical Area or				
	Census Region. (These amounts are available at www.usdoj.gov/ust/		\$		
22B	Local Standards: transportation; additional public transportation expense. If you pay the operating expenses for a vehicle and also use public transportation, and you contend that you are entitled to an additional deduction for you public transportation expenses, enter on Line 22B the "Public Transportation" amount from IRS Local Standards: Transportation. (This amount is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy				
	court.)				
	Local Standards: transportation ownership/lease expense; Vehicle you claim an ownership/lease expense. (You may not claim an owners vehicles.)				
	□ 1 □ 2 or more.				
23	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of				
23	Monthly Payments for any debts secured by Vehicle 1, as stated in Lin				
	the result in Line 23. Do not enter an amount less than zero.	¢			
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 1, as stated in Line 42	\$			
	c. Net ownership/lease expense for Vehicle 1	Subtract Line b from Line a.	\$		
	Local Standards: transportation ownership/lease expense; Vehicle 2. Complete this Line only if you checked the "2 or more" Box in Line 23.				
	Enter, in Line a below, the "Ownership Costs" for "One Car" from the (available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy of				
24	Monthly Payments for any debts secured by Vehicle 2, as stated in Lin				
24	the result in Line 24. Do not enter an amount less than zero.				
	a. IRS Transportation Standards, Ownership Costs Average Monthly Payment for any debts secured by Vehicle	\$			
	b. 2, as stated in Line 42	\$			
	\$				
25	spense that you actually incur for all federal,				
25	state and local taxes, other than real estate and sales taxes, such as income taxes, self employment taxes, social security taxes, and Medicare taxes. Do not include real estate or sales taxes.				
	security tanes, and viculeare tanes. Do not include teal estate of sales taxes.				

26	Other Necessary Expenses: involuntary deductions for edeductions that are required for your employment, such as Do not include discretionary amounts, such as voluntary	retirement contributions, union dues, and uniform costs.	\$	
27	Other Necessary Expenses: life insurance. Enter total average monthly premiums that you actually pay for term life insurance for yourself. Do not include premiums for insurance on your dependents, for whole life or for any other form of insurance.			
28	Other Necessary Expenses: court-ordered payments. Enter the total monthly amount that you are required to pay pursuant to the order of a court or administrative agency, such as spousal or child support payments. Do not include payments on past due obligations included in Line 44.			
29	Other Necessary Expenses: education for employment of the total average monthly amount that you actually expend education that is required for a physically or mentally chall providing similar services is available.	for education that is a condition of employment and for	\$	
30	Other Necessary Expenses: childcare. Enter the total avechildcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting, day care, nursery and presonant of the childcare - such as baby-sitting and presonant of the childcare - such as a such		\$	
31	Other Necessary Expenses: health care. Enter the total average monthly amount that you actually expend on health care that is required for the health and welfare of yourself or your dependents, that is not reimbursed by insurance or paid by a health savings account, and that is in excess of the amount entered in Line 19B. Do not include payments for health insurance or health savings accounts listed in Line 34.			
32	Other Necessary Expenses: telecommunication services. Enter the total average monthly amount that you actually pay for telecommunication services other than your basic home telephone and cell phone service - such as pagers, call waiting, caller id, special long distance, or internet service - to the extent necessary for your health and welfare or that of your dependents. Do not include any amount previously deducted.			
33	Total Expenses Allowed under IRS Standards. Enter the	e total of Lines 19 through 32.	\$	
	-	al Living Expense Deductions uses that you have listed in Lines 19-32		
24	Health Insurance, Disability Insurance, and Health Savi the categories set out in lines a-c below that are reasonably dependents.	ings Account Expenses. List the monthly expenses in necessary for yourself, your spouse, or your		
34	a. Health Insurance	\$		
	b. Disability Insurance	\$		
	c. Health Savings Account	\$	\$	
	Total and enter on Line 34. If you do not actually expend this total amount, state you below: \$	ur actual total average monthly expenditures in the space		
35	Continued contributions to the care of household or fame expenses that you will continue to pay for the reasonable at ill, or disabled member of your household or member of your expenses.	nd necessary care and support of an elderly, chronically	\$	
36	Protection against family violence. Enter the total average reasonably necessary monthly expenses that you actually incurred to maintain the safety of your family under the Family Violence Prevention and Services Act or other applicable federal law. The nature of these expenses is required to be kept confidential by the court.			
37	Home energy costs. Enter the total average monthly amount, in excess of the allowance specified by IRS Local Standards for Housing and Utilities, that you actually expend for home energy costs. You must provide your cast trustee with documentation of your actual expenses, and you must demonstrate that the additional amount claimed is reasonable and necessary.			
38	Education expenses for dependent children less than 18. actually incur, not to exceed \$147.92* per child, for attenda school by your dependent children less than 18 years of agd documentation of your actual expenses, and you must expenses and you must expense your actual expenses.	ance at a private or public elementary or secondary e. You must provide your case trustee with explain why the amount claimed is reasonable and	\$	

 $^{^{*}}$ Amount subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

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Best Case Bankruptcy

39	Additional food and clothing expense. Enter the total average monthly amount by which your food and clothing expenses exceed the combined allowances for food and clothing (apparel and services) in the IRS National Standards, not to exceed 5% of those combined allowances. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) You must demonstrate that the additional amount claimed is reasonable and necessary.					\$	
40			ons. Enter the amount that you will contine organization as defined in 26 U.S.C. §			e form of cash or	\$
41	Tota	l Additional Expense Deduc	tions under § 707(b). Enter the total of I	Lines 3	4 through 40		\$
			Subpart C: Deductions for De	bt Pa	yment		
42	own, and c amou banks	list the name of the creditor, heck whether the payment indents scheduled as contractually	ms. For each of your debts that is secured identify the property securing the debt, an cludes taxes or insurance. The Average M y due to each Secured Creditor in the 60 r necessary, list additional entries on a separe 42.	d state onthly nonths	the Average M Payment is the following the f	onthly Payment, total of all iling of the	
		Name of Creditor	Property Securing the Debt	Ave	erage Monthly Payment	Does payment include taxes or insurance?	
	a.			\$		□yes □no	
					tal: Add Lines		\$
43	Other payments on secured claims. If any of debts listed in Line 42 are secured by your primary residence, a motor vehicle, or other property necessary for your support or the support of your dependents, you may include in your deduction 1/60th of any amount (the "cure amount") that you must pay the creditor in addition to the payments listed in Line 42, in order to maintain possession of the property. The cure amount would include any sums in default that must be paid in order to avoid repossession or foreclosure. List and total any such amounts in the following chart. If necessary, list additional entries on a separate page. Name of Creditor Property Securing the Debt 1/60th of the Cure Amount				n may include in on to the d include any such amounts in	\$	
44	prior	ity tax, child support and alim	claims. Enter the total amount, divided belong claims, for which you were liable at the class those set out in Line 28.		of all priority cl	aims, such as	\$
			ses. If you are eligible to file a case under a by the amount in line b, and enter the re-				
45	a. Projected average monthly Chapter 13 plan payment. b. Current multiplier for your district as determined under schedules issued by the Executive Office for United States Trustees. (This information is available at www.usdoj.gov/ust/ or from the clerk of the bankruptcy court.) c. Average monthly administrative expense of Chapter 13 case Total: Multiply Lines a and b				\$		
46	Tota	Deductions for Debt Payme	ent. Enter the total of Lines 42 through 45	5.			\$
Subpart D: Total Deductions from Income							
47	Total of all deductions allowed under § 707(b)(2). Enter the total of Lines 33, 41, and 46.			\$			
	Part VI. DETERMINATION OF § 707(b)(2) PRESUMPTION						
48	Enter the amount from Line 18 (Current monthly income for § 707(b)(2))			\$			
49	Enter the amount from Line 47 (Total of all deductions allowed under § 707(b)(2))					\$	
50	Mon	thly disposable income unde	r § 707(b)(2). Subtract Line 49 from Line	e 48 an	d enter the resu	lt.	\$
51	60-month disposable income under § 707(b)(2). Multiply the amount in Line 50 by the number 60 and enter the result.			\$			

	Initial presumption determination. Check the applicable box and proc	eed as direct	ted.				
52	☐ The amount on Line 51 is less than \$7,025*. Check the box for "The presumption does not arise" at the top of page 1 of this statement, and complete the verification in Part VIII. Do not complete the remainder of Part VI.						
☐ The amount set forth on Line 51 is more than \$11,725* Check the box for "The presumption arises" at the top of page 1 of the statement, and complete the verification in Part VIII. You may also complete Part VII. Do not complete the remainder of Part VII.							
	$\hfill\Box$ The amount on Line 51 is at least \$7,025*, but not more than \$11,	, 725*. Comp	plete the remainder of Part VI (L	ines 53 through 55).			
53	Enter the amount of your total non-priority unsecured debt			\$			
54	Threshold debt payment amount. Multiply the amount in Line 53 by the	he number 0	0.25 and enter the result.	\$			
	Secondary presumption determination. Check the applicable box and	proceed as d	lirected.				
	☐ The amount on Line 51 is less than the amount on Line 54. Check	the box for	"The presumption does not arise	e" at the top of page 1			
55	of this statement, and complete the verification in Part VIII.						
	$\hfill\square$ The amount on Line 51 is equal to or greater than the amount on			on arises" at the top			
	of page 1 of this statement, and complete the verification in Part VIII. Y	ou may also	o complete Part VII.				
	Part VII. ADDITIONAL EXI	PENSE C	LAIMS				
56	Other Expenses. List and describe any monthly expenses, not otherwise						
	you and your family and that you contend should be an additional deduc						
	707(b)(2)(A)(ii)(I). If necessary, list additional sources on a separate pa each item. Total the expenses.	ge. All figu	res should reflect your average n	nonthly expense for			
	each tem. Total the expenses.						
	Expense Description		Monthly Amour	<u>ıt</u>			
	a.	\$					
	b.	\$		4			
	c.	\$ \$		_			
	Total: Add Lines a, b, c, a			_			
			,				
	Part VIII. VERIFIC	CATION					
	I declare under penalty of perjury that the information provided in this statement is true and correct. (If this is a joint case, both debtors						
	must sign.) Date: June 2, 2011 Signature: /s/ Joseph J. Hesketh, III						
	54.10 2, 2011	Digitature.	Joseph J. Hesketh, III				
57			(Debtor)				
	Date: June 2, 2011	Signature	/s/ Beverly J. Hesketh				
	Date. Odilo E, 2011	Signature	Beverly J. Hesketh				
			(Joint Debtor, if an	y)			
			•				

 $^{^*}$ Amounts are subject to adjustment on 4/01/13, and every three years thereafter with respect to cases commenced on or after the date of adjustment.

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 12/01/2010 to 05/31/2011.

Line 3 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: DaVita

Income by Month:

6 Months Ago:	12/2010	\$3,371.63
5 Months Ago:	01/2011	\$3,437.50
4 Months Ago:	02/2011	\$3,446.09
3 Months Ago:	03/2011	\$3,401.35
2 Months Ago:	04/2011	\$5,241.41
Last Month:	05/2011	\$3,303.48
	Average per month:	\$3,700.24

Current Monthly Income Details for the Debtor's Spouse

Spouse Income Details:

Income for the Period 12/01/2010 to 05/31/2011.

Line 8 - Child support income (including foster care and disability)

Source of Income: child support

Income by Month:

6 Months Ago:	12/2010	\$18.00
5 Months Ago:	01/2011	\$18.00
4 Months Ago:	02/2011	\$18.00
3 Months Ago:	03/2011	\$18.00
2 Months Ago:	04/2011	\$18.00
Last Month:	05/2011	\$18.00
	Average per month:	\$18.00

Non-CMI - Social Security Act Income Source of Income: son's social security Constant income of \$639.34 per month.